

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED HSU, CHIEN-JUNG			VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:06-000037-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. HSU		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 1) 18 1029A.F -- PRODUCES/TRAFFICS IN COUNTERFEIT DEVICE					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) ARRIOLA, JOAQUIN C. 259 MARTYR ST #201 P.O. Box X HAGATNA GU 96932 Telephone Number: (671) 477-9730			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____		
			14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) ARRIOLA COWAN AND ARRIOLA 259 MARTYR ST SUITE 201 HAGATNA GU 96910		
			15. I n C o u r t C o u r t a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (Rate per hour = \$ 92.00) TOTALS:		
			16. O u t o f C o u r t a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$ 92.00) TOTALS:		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			18. Other Expenses (other than expert, transcripts, etc.)		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS Final Payment Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.			Supplemental Payment YES NO If yes, were you paid? YES NO		
Signature of Attorney: _____ Date: _____					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	

FILED

SEP 12 2006

C Co-Counsel

R Subs For Retained Attorney

Y Standby Counsel

MARY L.M. MORAN
CLERK OF COURT

Leilani R. Toves Hernandez 09/12/2006

08/28/2006

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO